

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

**Attorney Docket Number**

HN 1009 PUS

**First Named Inventor**

JOCHEN ASBECK, ET AL.

**COMPLETE IF KNOWN**

**Application Number**

/ APPLIED FOR

**Filing Date**

HEREWITH

**Group Art Unit**

**Examiner Name**

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CAMSHAFT ASSEMBLY

*(Title of the Invention)*

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
103 02 957.5-12	Germany	01/24/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		027256		OR <input checked="" type="checkbox"/>		Correspondence address below	
ROBERT P. RENKE ARTZ & ARTZ, P.C. <b>Name</b>									
28333 TELEGRAPH ROAD SUITE 250 <b>Address</b>									
City SOUTHFIELD					State MI		ZIP 48034		
Country U.S.A.				Telephone 248-223-9500			Fax 248-223-9522		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
<b>NAME OF SOLE OR FIRST INVENTOR :</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])					Family Name or Surname				
JOCHEN					ASBECK				
Inventor's Signature							Date		
Residence: City				State		Country		Citizenship	
ATTENDORN						GERMANY		GERMANY	
AM HOLLENLOCH 32D <b>Mailing Address</b>									
City				State		ZIP		Country	
ATTENDORN						D-57439		GERMANY	
<b>NAME OF SECOND INVENTOR:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])					Family Name or Surname				
HENNING					BLÖCKER				
Inventor's Signature							Date		
Residence: City				State		Country		Citizenship	
STELLE						GERMANY		GERMANY	
KIEFERNBRUCH 6 <b>Mailing Address</b>									
City				State		ZIP		Country	
STELLE						21435		GERMANY	
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

Please type a plus sign (+) inside this box →

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	APPLIED FOR
Filing Date	HEREWITH
First Named Inventor	JOCHEN ASBECK, ET AL.
Group Art Unit	
Examiner Name	
Attorney Docket Number	HN 1009 PUS

I hereby appoint:

☒ Practitioners at Customer Number

027256

Place Customer  
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☒ Practitioner(s) named below:

Name	Registration Number
Robert P. Renke	40,783
John A. Artz	25,824
John S. Artz	36,431
Kevin G. Mierzwa	38,049

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

JOCHEN ASBECK


Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

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### SIGNATURE of Applicant or Assignee of Record

Name

HENNING BLÖCKER

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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